



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Date notice sent to all parties: 05/11/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of a chronic pain management program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Licensed by the Texas State Board of Examiners of Psychologists

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Eighty hours of a chronic pain management program - Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

provided a request for services for 10 sessions of a chronic pain management program on 03/10/15. Since his date of injury of xx, the patient had been suffering from depression, anxiety, stress, and had since developed chronic pain symptoms and had not been able to return to work. He apparently received counseling sessions and he showed minimal improvement and continued to suffer from depression and anxiety. He had difficulty reducing his pain level and resisted eliminating his negative self talk and thought pattern. He expressed a desire to return to work. On BDI testing, he scored a 25, which was in the moderate range.

On BAI, he score a 2, which was in the minimal range. On the FABQ, he score a 20 on the physical activity subscale and 37 on the work subscale. Ten sessions of a behavioral multidisciplinary chronic pain management program were recommended and it was felt the patient met the criteria of the ODG. Treatment plan goals were reviewed. The patient underwent an FCE on 03/17/15. A chronic pain management program was recommended, as there was an apparent level of depression and anxiety present. The patient noted he was depressed due to a loss of functioning, a loss of independence, and response to dealing with his injury. It was noted he was scheduled for surgery on 03/19/15. He guarded, braced, grimaced, moaned/groaned, and rubbed and massaged his left elbow during the evaluation. It was felt he provided consistent effort on the FCE. He was not functioning at the PDL of his previous position of employment. On 04/02/15, requested 10 sessions of a chronic pain management program provided an adverse determination on 04/07/15 for 80 hours of a chronic pain management program. On 04/09/15, provided a request for reconsideration of the chronic pain management program. It was noted he did not have improvement in individual psychotherapy and while his pain had improved somewhat; however, his fear of re-injury and his inability to cope with other stressors brought on by his work injury had kept him from achieving a level of performance that he needed to return to work. Per the ODG, felt the patient was eligible for chronic pain management program. also noted that the patient was not scheduled for surgery, as it had been denied. also noted that although his BDI and BAI scores had improved somewhat, the patient was still experiencing pain levels high enough to merit a treatment program. On 04/17/15, provided an adverse determination for the requested 80 hours of a chronic pain management program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient is a male who suffered a left elbow injury on xx/xx/xx while working. He underwent a series of x-rays and an MRI. He was diagnosed with a left elbow sprain/strain, left elbow common extensor tendinitis, and low grade partial tear. Surgery was been denied by the carrier. The patient completed an approved round of psychotherapy, but made minimal progress due to poor coping skills, stress, depression, anxiety, pain complaints, and inability to manage his pain. His stress is reportedly due to functional limitations, lack of self-sufficiency, emotional issues, marital problems, and money problems since his work related injury. He has not worked since the date of initial injury. The patient has continued to experience chronic pain since the date of injury. Due to said pain, he reports experiencing poor coping skills, stress, depression, anxiety, pain complaints, and an inability to manage his pain. His stress is reportedly due to functional limitations, lack of self-sufficiency, emotional issues, marital problems, and money problems since his work related injury. He has not worked since the date of initial injury. The ODG Psychotherapy Guidelines indicate chronic pain management programs are recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain

beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following “stepped-care” approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multidisciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also Psycho-social adjunctive methods in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)

The patient continues to experience pain, psychological complaints, and functional disability after the usual time of recovery as outlined in step 2 above. Due to said pain, the patient experiences stress, depression, anxiety, pain complaints, inability to cope with stressors, and inability to manage his pain. The ODG Psychotherapy stepped-care guideline for pain includes the identification of patients who continue to experience pain and disability after the usual time of recovery. The patient’s continued experiencing of chronic pain and inability to return to work ten months after the initial injury is considered evidence that he continues to experience pain after the usual time of recovery. A pain management program is recommended due to determination that the patient has been unable to practice self-management of his pain. He continues to rely solely on medication to manage his pain and family and friends to assist him with activities of daily living. A chronic pain management program will help him identify and address specific concerns about pain and enhance interventions that emphasize self-management. He would benefit from a multidisciplinary program. Additionally, a previous adverse decision noted that lesser levels of care had not been exhausted because he was awaiting surgery. However, surgical intervention was denied on at least two occasions. Therefore, the requested 80 hours of a chronic pain management program is medically necessary,

appropriate, and in accordance with the recommendations of the ODG and the adverse determinations should be overturned at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)